



ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2005  
OF THE CONDITION AND AFFAIRS OF THE

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code	0000	0000	NAIC Company Code	00000	Employer's ID Number	51-0140354	
	(Current Period)	(Prior Period)					
Organized under the Laws of	Rhode Island				, State of Domicile or Port of Entry		NA
Country of Domicile	United States of America						
Incorporated/Organized					Commenced Business	07/01/1975	
Statutory Home Office	10 Weybosset Street				Providence, RI 02903		
	(Street and Number)				(City or Town, State and Zip Code)		
Main Administrative Office	10 Weybosset Street				Providence, RI 02903	401-752-8600	
	(Street and Number)				(City or Town, State and Zip Code)	(Area Code) (Telephone Number)	
Mail Address	10 Weybosset Street				Providence, RI 02903		
	(Street and Number or P.O. Box)				(City or Town, State and Zip Code)		
Primary Location of Books and Records	10 Weybosset Street				Providence, RI 02903	401-752-8600	
	(Street and Number)				(City or Town, State and Zip Code)	(Area Code) (Telephone Number)	
Internet Website Address							
Statutory Statement Contact	Kathleen G. Cutler				401-752-8600		
	(Name)				(Area Code) (Telephone Number) (Extension)		
	Kathleen.G.Cutler@marsh.com				401-752-8605		
	(E-mail Address)				(Fax Number)		
Policyowner Relations Contact	10 Weybosset Street				Providence, RI 02903		
	(Street and Number)				(City or Town, State and Zip Code)	(Area Code) (Telephone Number) (Extension)	

OFFICERS

Name	Title	Name	Title
Maura Travers	Chairman	Susan Lees	Secretary
Kathleen G. Cutler	Asst. Secr.		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Maura Travers	Susan Lees	Gregory Kirkman	Raymond Geary
Kenneth B. Nanian MD	Jan Feldman DDS	Sandra Parrillo	Pat Moran
Robert Suglia #	Nancy Waterman		

State of .....Rhode Island.....

County of .....Providence..... ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Maura Travers Chairman	Susan Lees Secretary	Kathleen Cutler Asst. Secr.
Subscribed and sworn to before me this		
_____ day of _____,		
_____		
a. Is this an original filing? Yes [ X ] No [ ]		
b. If no,		
1. State the amendment number _____		
2. Date filed _____		
3. Number of pages attached _____		

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	94,922,640		94,922,640	87,828,090
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....306,872 , Schedule E, Part 1), cash equivalents (\$ .....5,027,989 , Schedule E, Part 2) and short-term investments (\$ .....370,553 , Schedule DA).....	5,705,415		5,705,415	4,418,415
6. Contract loans, (including \$ .....premium notes)			0	0
7. Other invested assets (Schedule BA) .....	36,476,521	0	36,476,521	34,762,573
8. Receivables for securities .....			0	0
9. Aggregate write-ins for invested assets .....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	137,104,576	0	137,104,576	127,009,078
11. Title plants less \$ .....charged off (for Title insurers only).....			0	
12. Investment income due and accrued .....	1,789,236		1,789,236	1,780,402
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection .....	994,169		994,169	969,687
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premium).....			0	0
13.3 Accrued retrospective premium.....			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers .....			0	0
14.2 Funds held by or deposited with reinsured companies .....			0	0
14.3 Other amounts receivable under reinsurance contracts .....			0	0
15. Amounts receivable relating to uninsured plans .....			0	0
16.1 Current federal and foreign income tax recoverable and interest thereon .....	1,202,647		1,202,647	1,428,424
16.2 Net deferred tax asset.....	0		0	174,223
17. Guaranty funds receivable or on deposit .....			0	0
18. Electronic data processing equipment and software .....			0	0
19. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
21. Receivables from parent, subsidiaries and affiliates .....			0	0
22. Health care (\$ ..... ) and other amounts receivable .....			0	0
23. Aggregate write-ins for other than invested assets .....	824	0	824	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	141,091,452	0	141,091,452	131,361,814
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
26. Total (Lines 24 and 25)	141,091,452	0	141,091,452	131,361,814
DETAILS OF WRITE-INS				
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. Miscellaneous Accounts Receivable.....	826		826	0
2302. Rounding.....	(2)		(2)	0
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	824	0	824	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 34, Column 8) .....	69,436,047	55,996,841
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....		0
3. Loss adjustment expenses (Part 2A, Line 34, Column 9) .....	20,081,858	14,656,572
4. Commissions payable, contingent commissions and other similar charges .....		0
5. Other expenses (excluding taxes, licenses and fees) .....	145,000	138,282
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)).....		0
7.2 Net deferred tax liability.....		0
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (Part 1A, Line 37, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ ..... and including warranty reserves of \$ ..... ) .....	6,196,800	6,649,665
10. Advance premiums .....		0
11. Dividends declared and unpaid:		
11.1 Stockholders .....		0
11.2 Policyholders .....		0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....		0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) .....		0
14. Amounts withheld or retained by company for account of others .....	7,324,090	7,324,090
15. Remittances and items not allocated.....		0
16. Provision for reinsurance (Schedule F, Part 7) .....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		0
18. Drafts outstanding .....		0
19. Payable to parent, subsidiaries and affiliates .....		0
20. Payable for securities .....		0
21. Liability for amounts held under uninsured accident and health plans .....		0
22. Capital notes \$ ..... and interest thereon \$ .....		0
23. Aggregate write-ins for liabilities .....	1,359,586	2,709,989
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) .....	104,543,381	87,475,439
25. Protected cell liabilities .....		0
26. Total liabilities (Lines 24 and 25) .....	104,543,381	87,475,439
27. Aggregate write-ins for special surplus funds .....	0	0
28. Common capital stock .....		0
29. Preferred capital stock .....		0
30. Aggregate write-ins for other than special surplus funds .....	0	0
31. Surplus notes .....		0
32. Gross paid in and contributed surplus .....		0
33. Unassigned funds (surplus) .....	36,548,071	43,886,375
34. Less treasury stock, at cost:		
34.1 ..... shares common (value included in Line 28 \$ ..... ) .....	0	0
34.2 ..... shares preferred (value included in Line 29 \$ ..... ) .....		0
35. Surplus as regards policyholders (Lines 27 to 33, less 34) (Page 4, Line 39) .....	36,548,071	43,886,375
36. TOTALS (Page 2, Line 26, Col. 3)	141,091,452	131,361,814
DETAILS OF WRITE-INS		
2301. Unearned Finance Charge.....	9,586	9,989
2302. Premium Deficiency Reserve.....	1,350,000	2,700,000
2303. ....		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	1,359,586	2,709,989
2701. ....		
2702. ....		
2703. ....		
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0
3001. ....		
3002. ....		
3003. ....		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 34, Column 4) .....	9,859,645	7,280,055
<b>DEDUCTIONS</b>		
2. Losses incurred (Part 2, Line 34, Column 7) .....	15,971,527	11,325,180
3. Loss expenses incurred (Part 3, Line 25, Column 1) .....	7,964,722	5,243,666
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	1,230,570	1,197,125
5. Aggregate write-ins for underwriting deductions .....	(1,350,000)	2,700,000
6. Total underwriting deductions (Lines 2 through 5) .....	23,816,819	20,465,971
7. Net income of protected cells .....		0
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7) .....	(13,957,174)	(13,185,916)
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	6,716,575	6,618,618
10. Net realized capital gains (losses) less capital gains tax of \$ ..... (Exhibit of Capital Gains (Losses)) .....	(131,372)	61,806
11. Net investment gain or (loss) (Lines 9 + 10) .....	6,585,203	6,680,424
<b>OTHER INCOME</b>		
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ ..... ) .....		0
13. Finance and service charges not included in premiums .....	33,667	28,065
14. Aggregate write-ins for miscellaneous income .....	0	0
15. Total other income (Lines 12 through 14) .....	33,667	28,065
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) .....	(7,338,304)	(6,477,427)
17. Dividends to policyholders .....		0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) .....	(7,338,304)	(6,477,427)
19. Federal and foreign income taxes incurred .....	(174,223)	(945,772)
20. Net income (Line 18 minus Line 19) (to Line 22) .....	(7,164,081)	(5,531,655)
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	43,886,375	51,640,869
<b>GAINS AND (LOSSES) IN SURPLUS</b>		
22. Net income (from Line 20) .....	(7,164,081)	(5,531,655)
23. Net transfers (to) from Protected Cell accounts .....		0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....		0
25. Change in net unrealized foreign exchange capital gain (loss) .....		0
26. Change in net deferred income tax .....	(174,223)	(2,222,839)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 26, Col. 3) .....	0	0
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....	0	0
29. Change in surplus notes .....		0
30. Surplus (contributed to) withdrawn from protected cells .....		0
31. Cumulative effect of changes in accounting principles .....		0
32. Capital changes:		
32.1. Paid in .....		0
32.2. Transferred from surplus (Stock Dividend) .....		0
32.3. Transferred to surplus .....		0
33. Surplus adjustments:		
33.1. Paid in .....		0
33.2. Transferred to capital (Stock Dividend) .....		0
33.3. Transferred from capital .....		0
34. Net remittances from or (to) Home Office .....		0
35. Dividends to stockholders .....		0
36. Change in treasury stock (Page 3, Lines 34.1 and 34.2, Column 2 minus Column 1) .....	0	0
37. Aggregate write-ins for gains and losses in surplus .....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37) .....	(7,338,304)	(7,754,494)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 35) .....	36,548,071	43,886,375
<b>DETAILS OF WRITE-INS</b>		
0501. Change in Premium Deficiency Reserve.....	(1,350,000)	2,700,000
0502. ....		
0503. ....		
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	(1,350,000)	2,700,000
1401. ....		
1402. ....		
1403. ....		
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above) .....	0	0
3701. ....		
3702. ....		
3703. ....		
3798. Summary of remaining write-ins for Line 37 from overflow page .....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above) .....	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	9,382,298	9,462,703
2. Net investment income .....	7,128,794	7,111,944
3. Miscellaneous income .....	33,264	30,711
4. Total (Lines 1 to 3) .....	16,544,356	16,605,358
5. Benefit and loss related payments .....	2,532,321	8,577,103
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	3,763,288	3,882,056
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) \$ ..... net of tax on capital gains (losses)	(400,000)	845,000
10. Total (Lines 5 through 9) .....	5,895,609	13,304,159
11. Net cash from operations (Line 4 minus Line 10) .....	10,648,747	3,301,199
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	13,717,592	17,804,638
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(133)	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	13,717,459	17,804,638
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	21,330,054	19,261,904
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	1,748,328	1,701,361
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	23,078,382	20,963,265
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(9,360,923)	(3,158,627)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied).....	(823)	0
17. Net cash from financing and miscellaneous sources (Line 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6) .....	(823)	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) .....	1,287,001	142,572
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	4,418,414	4,275,842
19.2 End of period (Line 18 plus Line 19.1) .....	5,705,415	4,418,414

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS EARNED

Lines of Business		1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1.	Fire .....	0	0	0	0
2.	Allied lines .....	0	0	0	0
3.	Farmowners multiple peril .....	0	0	0	0
4.	Homeowners multiple peril .....	0	0	0	0
5.	Commercial multiple peril .....	0	0	0	0
6.	Mortgage guaranty .....	0	0	0	0
8.	Ocean marine .....	0	0	0	0
9.	Inland marine .....	0	0	0	0
10.	Financial guaranty .....	0	0	0	0
11.1	Medical malpractice - occurrence .....	6,844,772	4,163,951	3,443,764	7,564,959
11.2	Medical malpractice - claims-made .....	2,287,323	2,327,893	2,593,773	2,021,443
12.	Earthquake .....	0	0	0	0
13.	Group accident and health .....	0	0	0	0
14.	Credit accident and health (group and individual) .....	0	0	0	0
15.	Other accident and health .....	0	0	0	0
16.	Workers' compensation .....	0	0	0	0
17.1	Other liability - occurrence .....	274,685	157,821	159,263	273,243
17.2	Other liability - claims-made .....	0	0	0	0
18.1	Products liability - occurrence .....	0	0	0	0
18.2	Products liability - claims-made .....	0	0	0	0
19.1,19.2	Private passenger auto liability .....	0	0	0	0
19.3,19.4	Commercial auto liability .....	0	0	0	0
21.	Auto physical damage .....	0	0	0	0
22.	Aircraft (all perils) .....	0	0	0	0
23.	Fidelity .....	0	0	0	0
24.	Surety .....	0	0	0	0
26.	Burglary and theft .....	0	0	0	0
27.	Boiler and machinery .....	0	0	0	0
28.	Credit .....	0	0	0	0
29.	International .....	0	0	0	0
30.	Reinsurance - Nonproportional Assumed Property .....	0	0	0	0
31.	Reinsurance - Nonproportional Assumed Liability .....	0	0	0	0
32.	Reinsurance - Nonproportional Assumed Financial Lines .....	0	0	0	0
33.	Aggregate write-ins for other lines of business .....	0	0	0	0
34.	TOTALS	9,406,780	6,649,665	6,196,800	9,859,645
DETAILS OF WRITE-INS					
3301.	.....				
3302.	.....				
3303.	.....				
3398.	Summary of remaining write-ins for Line 33 from overflow page .....	0	0	0	0
3399.	Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

(a) Gross premiums (less reinsurance) and unearned premiums on all unexpired risks and reserve for return premiums under rate credit or retrospective rating plans based upon experience.

Line of Business		1 Amount Unearned (Running One Year or Less from Date of Policy) (b)	2 Amount Unearned (Running More Than One Year from Date of Policy) (b)	3  Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire .....					0
2.	Allied lines .....					0
3.	Farmowners multiple peril .....					0
4.	Homeowners multiple peril .....					0
5.	Commercial multiple peril .....					0
6.	Mortgage guaranty .....					0
8.	Ocean marine .....					0
9.	Inland marine .....					0
10.	Financial guaranty .....					0
11.1	Medical malpractice - occurrence .....	3,443,764				3,443,764
11.2	Medical malpractice - claims-made .....	2,593,773				2,593,773
12.	Earthquake .....					0
13.	Group accident and health .....					0
14.	Credit accident and health (group and individual) .....					0
15.	Other accident and health .....					0
16.	Workers' compensation .....					0
17.1	Other liability - occurrence .....	159,263				159,263
17.2	Other liability - claims-made .....					0
18.1	Products liability - occurrence .....					0
18.2	Products liability - claims-made .....					0
19.1,19.2 Private passenger auto liability .....						0
19.3,19.4 Commercial auto liability .....						0
21.	Auto physical damage .....					0
22.	Aircraft (all perils) .....					0
23.	Fidelity .....					0
24.	Surety .....					0
26.	Burglary and theft .....					0
27.	Boiler and machinery .....					0
28.	Credit .....					0
29.	International .....					0
30.	Reinsurance - Nonproportional Assumed Property ..					0
31.	Reinsurance - Nonproportional Assumed Liability ...					0
32.	Reinsurance - Nonproportional Assumed Financial Lines .....					0
33.	Aggregate write-ins for other lines of business .....	0	0	0	0	0
34.	TOTALS	6,196,800	0	0	0	6,196,800
35.	Accrued retrospective premiums based on experience .....					
36.	Earned but unbilled premiums .....					
37.	Balance (Sum of Line 34 through 36)					6,196,800
DETAILS OF WRITE-INS						
3301.	.....					
3302.	.....					
3303.	.....					
3398.	Summary of remaining write-ins for Line 33 from overflow page .....	0	0	0	0	0
3399.	Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0	0	0

(a) By gross premiums is meant the aggregate of all the premiums written in the policies or renewals in force.

Are they so returned in this statement?    Yes    [    ]    No    [    ]

(b) State here basis of computation used in each case .    .....

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1B - PREMIUMS WRITTEN

Gross Premiums (Less Return Premiums), Including Policy and Membership Fees Written and Renewed During Year						
Line of Business		1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded	
			2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates
						6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
1.	Fire .....					0
2.	Allied lines .....					0
3.	Farmowners multiple peril .....					0
4.	Homeowners multiple peril .....					0
5.	Commercial multiple peril .....					0
6.	Mortgage guaranty .....					0
8.	Ocean marine .....					0
9.	Inland marine .....					0
10.	Financial guaranty .....					0
11.1	Medical malpractice - occurrence .....	6,844,772				6,844,772
11.2	Medical malpractice - claims-made .....	2,287,323				2,287,323
12.	Earthquake .....					0
13.	Group accident and health .....					0
14.	Credit accident and health (group and individual) .....					0
15.	Other accident and health .....					0
16.	Workers' compensation .....					0
17.1	Other liability - occurrence .....	274,685				274,685
17.2	Other liability - claims-made .....					0
18.1	Products liability - occurrence .....					0
18.2	Products liability - claims-made .....					0
19.1,19.2	Private passenger auto liability .....					0
19.3,19.4	Commercial auto liability .....					0
21.	Auto physical damage .....					0
22.	Aircraft (all perils) .....					0
23.	Fidelity .....					0
24.	Surety .....					0
26.	Burglary and theft .....					0
27.	Boiler and machinery .....					0
28.	Credit .....					0
29.	International .....					0
30.	Reinsurance - Nonproportional Assumed Property .....	XXX				0
31.	Reinsurance - Nonproportional Assumed Liability .....	XXX				0
32.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX				0
33.	Aggregate write-ins for other lines of business .....	0	0	0	0	0
34.	TOTALS	9,406,780	0	0	0	9,406,780
DETAILS OF WRITE-INS						
3301.	.....					
3302.	.....					
3303.	.....					
3398.	Summary of remaining write- ins for Line 33 from overflow page .....	0	0	0	0	0
3399.	Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ ]
If yes: 1. The amount of such installment premiums \$
2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business		Losses Paid Less Salvage				5  Net Losses Unpaid Current Year (Part 2A, Col. 8)	6  Net Losses Unpaid Previous Year	7  Losses Incurred Current Year (Cols. 4 + 5 - 6)	8  Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
		1  Direct Business	2  Reinsurance Assumed	3  Reinsurance Recovered	4  Net Payments (Cols. 1 + 2 - 3)				
1.	Fire .....				.0	.0	.0	.0	.0
2.	Allied lines .....				.0	.0	.0	.0	.0
3.	Farmowners multiple peril .....				.0	.0	.0	.0	.0
4.	Homeowners multiple peril .....				.0	.0	.0	.0	.0
5.	Commercial multiple peril .....				.0	.0	.0	.0	.0
6.	Mortgage guaranty .....				.0	.0	.0	.0	.0
8.	Ocean marine .....				.0	.0	.0	.0	.0
9.	Inland marine .....				.0	.0	.0	.0	.0
10.	Financial guaranty .....				.0	.0	.0	.0	.0
11.1	Medical malpractice - occurrence .....	2,328,008			2,328,008	60,567,291	49,257,275	13,638,024	180.3
11.2	Medical malpractice - claims-made .....	190,000			190,000	7,957,000	6,390,408	1,756,592	86.9
12.	Earthquake .....				.0	.0	.0	.0	.0
13.	Group accident and health .....				.0	.0	.0	.0	.0
14.	Credit accident and health (group and individual) .....				.0	.0	.0	.0	.0
15.	Other accident and health .....				.0	.0	.0	.0	.0
16.	Workers' compensation .....				.0	.0	.0	.0	.0
17.1	Other liability - occurrence .....	14,313			14,313	911,756	349,158	576,911	211.1
17.2	Other liability - claims-made .....				.0	.0	.0	.0	.0
18.1	Products liability - occurrence .....				.0	.0	.0	.0	.0
18.2	Products liability - claims-made .....				.0	.0	.0	.0	.0
19.1,19.2	Private passenger auto liability .....				.0	.0	.0	.0	.0
19.3,19.4	Commercial auto liability .....				.0	.0	.0	.0	.0
21.	Auto physical damage .....				.0	.0	.0	.0	.0
22.	Aircraft (all perils) .....				.0	.0	.0	.0	.0
23.	Fidelity .....				.0	.0	.0	.0	.0
24.	Surety .....				.0	.0	.0	.0	.0
26.	Burglary and theft .....				.0	.0	.0	.0	.0
27.	Boiler and machinery .....				.0	.0	.0	.0	.0
28.	Credit .....				.0	.0	.0	.0	.0
29.	International .....				.0	.0	.0	.0	.0
30.	Reinsurance - Nonproportional Assumed Property .....	XXX			.0	.0	.0	.0	.0
31.	Reinsurance - Nonproportional Assumed Liability .....	XXX			.0	.0	.0	.0	.0
32.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX			.0	.0	.0	.0	.0
33.	Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0
34.	TOTALS .....	2,532,321	0	0	2,532,321	69,436,047	55,996,841	15,971,527	162.0
DETAILS OF WRITE-INS									
3301.	.....								
3302.	.....								
3303.	.....								
3398.	Summary of remaining write-ins for Line 33 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0
3399.	Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above) .....	0	0	0	0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business		Reported Losses			Incurred But Not Reported			8	9
		1	2	3	4	5	6	7	
		Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)
1.	Fire .....				.0				.0
2.	Allied lines .....				.0				.0
3.	Farmowners multiple peril .....				.0				.0
4.	Homeowners multiple peril .....				.0				.0
5.	Commercial multiple peril .....				.0				.0
6.	Mortgage guaranty .....				.0				.0
8.	Ocean marine .....				.0				.0
9.	Inland marine .....				.0				.0
10.	Financial guaranty .....				.0				.0
11.1	Medical malpractice - occurrence .....	15,590,291			15,590,291	44,977,000			60,567,291
11.2	Medical malpractice - claims-made .....	4,860,000			4,860,000	3,097,000			7,957,000
12.	Earthquake .....				.0				.0
13.	Group accident and health .....				.0				(a) .0
14.	Credit accident and health (group and individual) .....				.0				.0
15.	Other accident and health .....				.0				(a) .0
16.	Workers' compensation .....				.0				.0
17.1	Other liability - occurrence .....	684,756			684,756	227,000			911,756
17.2	Other liability - claims-made .....				.0				.0
18.1	Products liability - occurrence .....				.0				.0
18.2	Products liability - claims-made .....				.0				.0
19.1,19.2	Private passenger auto liability .....				.0				.0
19.3,19.4	Commercial auto liability .....				.0				.0
21.	Auto physical damage .....				.0				.0
22.	Aircraft (all perils) .....				.0				.0
23.	Fidelity .....				.0				.0
24.	Surety .....				.0				.0
26.	Burglary and theft .....				.0				.0
27.	Boiler and machinery .....				.0				.0
28.	Credit .....				.0				.0
29.	International .....				.0				.0
30.	Reinsurance - Nonproportional Assumed Property .....	XXX			.0	XXX			.0
31.	Reinsurance - Nonproportional Assumed Liability .....	XXX			.0	XXX			.0
32.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX			.0	XXX			.0
33.	Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0
34.	TOTALS .....	21,135,047	0	0	21,135,047	48,301,000	0	0	69,436,047
DETAILS OF WRITE-INS									
3301.	.....								
3302.	.....								
3303.	.....								
3398.	Summary of remaining write-ins for Line 33 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0
3399.	Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above) .....	0	0	0	0	0	0	0	0

(a) Including \$ ..... for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct .....	6,942,637			6,942,637
1.2 Reinsurance assumed .....				0
1.3 Reinsurance ceded .....				0
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) .....	6,942,637	0	0	6,942,637
2. Commission and brokerage:				
2.1 Direct excluding contingent .....		296,632		296,632
2.2 Reinsurance assumed, excluding contingent .....				0
2.3 Reinsurance ceded, excluding contingent .....				0
2.4 Contingent-direct .....				0
2.5 Contingent-reinsurance assumed .....				0
2.6 Contingent-reinsurance ceded .....				0
2.7 Policy and membership fees .....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....	0	296,632	0	296,632
3. Allowances to manager and agents .....				0
4. Advertising .....				0
5. Boards, bureaus and associations .....				0
6. Surveys and underwriting reports .....				0
7. Audit of assureds' records .....				0
8. Salary and related items:				
8.1 Salaries .....	412,250	371,025	41,225	824,500
8.2 Payroll taxes .....	41,225	37,103	4,122	82,450
9. Employee relations and welfare .....	164,900	148,410	16,490	329,800
10. Insurance .....				0
11. Directors' fees .....	668	601	67	1,336
12. Travel and travel items .....				0
13. Rent and rent items .....	82,450	74,205	8,245	164,900
14. Equipment .....				0
15. Cost or depreciation of EDP equipment and software .....				0
16. Printing and stationery .....	41,225	37,103	4,122	82,450
17. Postage, telephone and telegraph, exchange and express .....	82,450	74,205	8,245	164,900
18. Legal and auditing .....	171,968	154,771	17,197	343,936
19. Totals (Lines 3 to 18) .....	997,136	897,423	99,713	1,994,272
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....		5,494		5,494
20.2 Insurance department licenses and fees .....		8,567		8,567
20.3 Gross guaranty association assessments .....				0
20.4 All other (excluding federal and foreign income and real estate) .....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	0	14,061	0	14,061
21. Real estate expenses .....				0
22. Real estate taxes .....				0
23. Reimbursements by uninsured accident and health plans .....				0
24. Aggregate write-ins for miscellaneous expenses .....	24,949	22,454	409,233	456,636
25. Total expenses incurred .....	7,964,722	1,230,570	508,946	(a) 9,704,238
26. Less unpaid expenses - current year .....	20,081,858	100,000	45,000	20,226,858
27. Add unpaid expenses - prior year .....	14,656,572	93,282	45,000	14,794,854
28. Amounts receivable relating to uninsured accident and health plans, prior year .....	0	0	0	0
29. Amounts receivable relating to uninsured accident and health plans, current year .....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	2,539,436	1,223,852	508,946	4,272,234
DETAILS OF WRITE-INS				
2401. Direct Investment Expense.....			406,738	406,738
2402. Miscellaneous Supplies & Expenses.....	24,949	22,454	2,495	49,898
2403. ....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above)	24,949	22,454	409,233	456,636

(a) Includes management fees of \$ ..... paid to affiliates and \$ .....paid to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a) .....1,278,547	.....1,280,481
1.1	Bonds exempt from U.S. tax .....	(a) .....	.....
1.2	Other bonds (unaffiliated) .....	(a) .....3,916,177	.....3,936,688
1.3	Bonds of affiliates .....	(a) .....	.....
2.1	Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11	Preferred stocks of affiliates .....	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c) .....	.....
4.	Real estate .....	(d) .....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e) .....164,087	.....165,117
7.	Derivative instruments .....	(f) .....	.....
8.	Other invested assets .....	.....1,857,876	.....1,843,236
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	7,216,688	7,225,521
11.	Investment expenses .....		(g) .....508,946
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....
13.	Interest expense .....		(h) .....
14.	Depreciation on real estate and other invested assets .....		(i) .....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total (Lines 11 through 15) .....		.....508,946
17.	Net Investment Income - (Line 10 minus Line 16) .....		6,716,575
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Total (Lines 1501 through 1503 plus 1598) (Line 15, above) .....		0

(a) Includes \$ .....76,593 accrual of discount less \$ .....463,265 amortization of premium and less \$ .....101,934 paid for accrued interest on purchases.  
(b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.  
(c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
(e) Includes \$ .....137,149 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
(i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Increases (Decreases) by Adjustment	Total
1.	U.S. Government bonds .....				.....0
1.1	Bonds exempt from U.S. tax .....				.....0
1.2	Other bonds (unaffiliated) .....	.....78,576		.....(209,815)	.....(131,239)
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....				.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....				.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0
3.	Mortgage loans .....				.....0
4.	Real estate .....				.....0
5.	Contract loans .....				.....0
6.	Cash, cash equivalents and short-term investments .....	.....(133)			.....(133)
7.	Derivative instruments .....				.....0
8.	Other invested assets .....				.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	78,443	0	(209,815)	(131,372)
DETAILS OF WRITE-INS					
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income .....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash, (Schedule E, Part 1), cash equivalents (Schedule E, Part 2) and short -term investments (Schedule DA) .....	0	0	0
6. Contract loans .....	0	0	0
7. Other invested assets (Schedule BA) .....	0	0	0
8. Receivables for securities .....	0	0	0
9. Aggregate write-ins for invested assets .....	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	0	0	0
11. Title plants (for Title insurers only).....	0		0
12. Investment income due and accrued .....	0	0	0
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
13.3 Accrued retrospective premium.....	0	0	0
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers .....	0	0	0
14.2 Funds held by or deposited with reinsured companies .....	0	0	0
14.3 Other amounts receivable under reinsurance contracts .....	0	0	0
15. Amounts receivable relating to uninsured plans .....	0	0	0
16.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
16.2 Net deferred tax asset.....	0	0	0
17. Guaranty funds receivable or on deposit .....	0	0	0
18. Electronic data processing equipment and software .....	0	0	0
19. Furniture and equipment, including health care delivery assets.....	0	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
21. Receivables from parent, subsidiaries and affiliates .....	0	0	0
22. Health care and other amounts receivable.....	0	0	0
23. Aggregate write-ins for other than invested assets .....	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	0	0	0
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
26. Total (Lines 24 and 25)	0	0	0
DETAILS OF WRITE-INS			
0901. ....			
0902. ....			
0903. ....			
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0
2301. ....			
2302. ....			
2303. ....			
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of  
Rhode Island

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

The financial statements have been prepared in accordance with the NAIC Accounting Practice Procedures Manual except for a few immaterial adjustments. Management's estimates were required.

2. Accounting Changes and Corrections of Errors

Codification caused immaterial changes to the financial statements of the company. There were no corrections of errors.

3. Business Combinations and Goodwill

N/A

4. Discontinued Operations

N/A

5. Investments

A: N/A  
B: N/A  
C: N/A  
D1: Uses retrospective method back to acquisition date  
D2: Bloomberg & Broker Dealers  
D3: Interactive Data Company  
D4: N/A  
E: N/A  
F: N/A

6. Joint Ventures, Partnerships and Limited Liability Companies

N/A

7. Investment Income

N/A

8. Derivative Instruments

N/A

9. Income Taxes

A:

Total of all DTAs = \$10,089,122  
Total of all DTLs = \$110,443  
Total DTAs nonadmitted as the result of the application of SSAP No. 10 = \$9,978,688  
Increase (Decrease) in DTAs nonadmitted = \$2,495,551

B:

N/A

C:

Current tax expense = -\$174,223  
Net increase (decrease) in DTAs and DTLs = \$2,321,329  
Investment tax credits = N/A  
The benefits of operating loss carry forwards = N/A  
Adjustments of a DTA or DTL for enacted changes in tax laws or a change in the tax status = N/A

D:

N/A

E:

Loss Carry Forwards = \$4,590,338  
ATM Credit carryforward = \$2,870,513.  
The amount of federal income taxes incurred in the current year and each preceding year that are available for recoupment in the event of future net losses = \$0.

10. Information Concerning Parent, Subsidiaries and Affiliates

N/A

11. Debt

N/A

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

N/A

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

None

14. Contingencies

N/A

15. Leases

None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

N/A

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

N/A

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

N/A

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. September 11 Events

N/A

21. Other Items

None

22. Events Subsequent

None

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of  
Rhode Island

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance

N/A

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

N/A

25. Change in Incurred Losses and Loss Adjustment Expenses

There has been no change in the provision for incurred loss & loss adjustment expense attributable to insured events of prior years.

26. Intercompany Pooling Arrangements

N/A

27. Structured Settlements

Insurance Company	Amount
CIGNA/INA	\$1,491,944
Monarch Life Insurance Co.	\$303,154
First Colony Life	\$1,969,435
Life Insurance Of Virginia	\$208,903
Aurora National Life	\$5,045,097
Colonial Penn/Charter National	\$1,514,372
Equitable Life	\$1,025,269
Total	\$11,558,174

28. Health Care Receivables

N/A

29. Participating Policies

N/A

30. Premium Deficiency Reserves

N/A

31. High Deductibles

N/A

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

None

33. Asbestos/Environmental Reserves

N/A

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

N/A

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities .....	14,098,899	10.283	14,098,899	10.283
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies .....		0.000		0.000
1.22 Issued by U.S. government sponsored agencies .....	5,025,795	3.666	5,025,795	3.666
1.3 Foreign government (including Canada, excluding mortgaged-backed securities) .....		0.000		0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations .....		0.000		0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations .....		0.000		0.000
1.43 Revenue and assessment obligations .....		0.000		0.000
1.44 Industrial development and similar obligations .....		0.000		0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA .....	696,116	0.508	696,116	0.508
1.512 Issued or guaranteed by FNMA and FHLMC .....	16,794,801	12.250	16,794,801	12.250
1.513 All other .....	8,334,948	6.079	8,334,948	6.079
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA .....	5,255,180	3.833	5,255,180	3.833
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521 .....		0.000		0.000
1.523 All other .....		0.000		0.000
2. Other debt and other fixed income securities (excluding short-term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO) .....	42,634,917	31.097	42,634,917	31.097
2.2 Unaffiliated foreign securities .....	2,081,985	1.519	2,081,985	1.519
2.3 Affiliated securities .....		0.000		0.000
3. Equity interests:				
3.1 Investments in mutual funds .....		0.000		0.000
3.2 Preferred stocks:				
3.21 Affiliated .....		0.000		0.000
3.22 Unaffiliated .....		0.000		0.000
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated .....		0.000		0.000
3.32 Unaffiliated .....		0.000		0.000
3.4 Other equity securities:				
3.41 Affiliated .....		0.000		0.000
3.42 Unaffiliated .....		0.000		0.000
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated .....		0.000		0.000
3.52 Unaffiliated .....		0.000		0.000
4. Mortgage loans:				
4.1 Construction and land development .....		0.000		0.000
4.2 Agricultural .....		0.000		0.000
4.3 Single family residential properties .....		0.000		0.000
4.4 Multifamily residential properties .....		0.000		0.000
4.5 Commercial loans .....		0.000		0.000
4.6 Mezzanine real estate loans .....		0.000		0.000
5. Real estate investments:				
5.1 Property occupied by the company .....		0.000	0	0.000
5.2 Property held for the production of income (including \$ .....of property acquired in satisfaction of debt) .....		0.000	0	0.000
5.3 Property held for sale (including \$ ..... property acquired in satisfaction of debt) .....		0.000	0	0.000
6. Contract loans .....		0.000	0	0.000
7. Receivables for securities .....		0.000	0	0.000
8. Cash, cash equivalents and short-term investments .....	5,705,415	4.161	5,705,415	4.161
9. Other invested assets .....	36,476,521	26.605	36,476,521	26.605
10. Total invested assets	137,104,577	100.000	137,104,577	100.000



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [ ] No [ X ]
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [ ] No [ ] NA [ X ]
- 1.3

State Regulating?
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]
- 2.2

If yes, date of change:

If not previously filed, furnish herewith a certified copy of the instrument as amended.
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

02/07/2006
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2000
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/31/2003
- 3.4

By what department or departments? Rhode Island Department of Insurance
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

Yes [ ] No [ X ]

4.12 renewals?

Yes [ ] No [ X ]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

Yes [ ] No [ X ]

4.22 renewals?

Yes [ ] No [ X ]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]
- 5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes [ ] No [ X ]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [ ] No [ X ]
- 7.2

If yes,

7.21 State the percentage of foreign control;

7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney in fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]
- 8.4

If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Ernst & Young  
200 Clarendon Street  
Boston, Ma 02116
10.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Tillinghast Towers Perin  
175 Powder Forest Drive  
Weatogue, Ct. 06089
- 11.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [ ] No [ X ]

11.11

Name of real estate holding company

11.12

Number of parcels involved

11.13

Total book/adjusted carrying value

\$
- 11.2

If yes, provide explanation
12.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 12.1

What changes have been made during the year in the United States Manager or the United States Trustees of the reporting entity?
- 12.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [ ] No [ ]
- 12.3

Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [ ]
- 12.4

If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes [ ] No [ ] NA [ ]

BOARD OF DIRECTORS

13.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [ X ] No [ ]
14.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [ X ] No [ ]
15.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or likely to conflict with the official duties of such person?

Yes [ X ] No [ ]

FINANCIAL

- 16.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

16.11

To directors or other officers

\$

16.12

To stockholders not officers

\$

16.13

Trustees, supreme or grand (Fraternal only)

\$
- 16.2

Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

16.21

To directors or other officers

\$

16.22

To stockholders not officers

\$

16.23

Trustees, supreme or grand (Fraternal only)

\$
- 17.1

Were any of the assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in this statement?

Yes [ ] No [ X ]
- 17.2

If yes, state the amount thereof at December 31 of the current year:

17.21

Rented from others

\$

17.22

Borrowed from others

\$

17.23

Leased from others

\$

17.24

Other

\$
- 18.1

Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes [ ] No [ X ]
- 18.2

If answer is yes,

18.21

Amount paid as losses or risk adjustment

\$

18.22

Amount paid as expenses

\$

18.23

Other amounts paid

\$
- 19.1

Does the reporting entity report any amounts due from the parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ ] No [ X ]
- 19.2

If yes, indicated any amounts receivable from parent included in the Page 2 amount:

\$

GENERAL INTERROGATORIES  
INVESTMENT

20.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E - Part 3 - Special Deposits? ..... Yes [ X ] No [ ]

20.2 If no, give full and complete information relating thereto:

21.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, except as shown on the Schedule E - Part 3 - Special Deposits; or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 17.1) ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21

Loaned to others .....

\$ .....

21.22

Subject to repurchase agreements .....

\$ .....

21.23

Subject to reverse repurchase agreements .....

\$ .....

21.24

Subject to dollar repurchase agreements .....

\$ .....

21.25

Subject to reverse dollar repurchase agreements .....

\$ .....

21.26

Pledged as collateral .....

\$ .....

21.27

Placed under option agreements .....

\$ .....

21.28

Letter stock or other securities restricted as to sale ...

\$ .....

21.29

Other .....

\$ .....

21.3 For category (21.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

22.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]

22.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] NA [ X ]  
If no, attach a description with this statement.

23.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]

23.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....

GENERAL INTERROGATORIES

24. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 – General, Section IV.H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ ] No [ X ]

24.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
.....	.....

24.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	2 Complete Explanation(s)
Bank of America.....	100 Westminster, St. Providence, RI 02903.....	New agreement will comply with NAIC handbook.....

24.03 Have there been any changes, including name changes, in the custodian(s) identified in 24.01 during the current year? ..... Yes [ ] No [ X ]

24.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....
.....	.....	.....	.....

24.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	2 Address
.....	.....	.....
.....	.....	.....

25.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? ..... Yes [ ] No [ X ]

25.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
25.2999 TOTAL		0

25.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding Of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....

GENERAL INTERROGATORIES

26. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-) or Fair Value over Statement (+)
26.1 Bonds.....	95,293,194	99,002,195	3,709,001
26.2 Preferred stocks.....	0		0
26.3 Totals	95,293,194	99,002,195	3,709,001

26.4 Describe the sources or methods utilized in determining fair values:

Fair Market Value prices are obtained using external price provider sources, such as Interactive Data Corp. (IDC). If an external source is not available, internal analytical system or broker quotes are utilized.....

27.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? ..... Yes [ X ] No [ ]

27.2 If no, list the exceptions:

OTHER

28.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?.....\$ .....100,695

28.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....

29.1 Amount of payments for legal expenses, if any?.....\$ .....100,695

29.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
Hanson Curran LLC.....	100,695

30.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?.....\$ .....

30.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....
.....	.....

GENERAL INTERROGATORIES

(continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

1.2

If yes, indicate premium earned on U. S. business only

\$

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$

0

1.62

Total incurred claims

\$

0

1.63

Number of covered lives

\$

0

All years prior to most current three years:

1.64

Total premium earned

\$

0

1.65

Total incurred claims

\$

0

1.66

Number of covered lives

\$

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$

0

1.72

Total incurred claims

\$

0

1.73

Number of covered lives

\$

0

All years prior to most current three years:

1.74

Total premium earned

\$

0

1.75

Total incurred claims

\$

0

1.76

Number of covered lives

\$

0

2.

Health Test:

2.1

Premium Numerator

\$

0

2.2

Premium Denominator

\$

9,859,645

2.3

Premium Ratio (2.1/2.2)

0.000

2.4

Reserve Numerator

\$

0

2.5

Reserve Denominator

\$

95,714,705

2.6

Reserve Ratio (2.4/2.5)

0.000

2

Prior Year

0

7,280,055

0.000

0

77,303,078

0.000

3.1

Does the reporting entity issue both participating and non-participating policies?

Yes [ ] No [ X ]

3.2

If yes, state the amount of calendar year premiums written on:

3.21

Participating policies

\$

3.22

Non-participating policies

\$

4.

For Mutual Reporting Entities and Reciprocal Exchanges Only:

4.1

Does the reporting entity issue assessable policies?

Yes [ ] No [ ]

4.2

Does the reporting entity issue non-assessable policies?

Yes [ ] No [ ]

4.3

If assessable policies are issued, what is the extent of the contingent liability of the policyholders?

%

4.4

Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums?

\$

5.

For Reciprocal Exchanges Only:

5.1

Does the Exchange appoint local agents?

Yes [ ] No [ ]

5.2

If yes, is the commission paid:

5.21

Out of Attorney's-in-fact compensation

Yes [ ] No [ ] NA [ X ]

5.22

As a direct expense of the Exchange

Yes [ ] No [ ] NA [ X ]

5.3

What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

5.4

Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?

Yes [ ] No [ X ]

5.5

If yes, give full information

17

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?.....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process. ....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?.....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?..... Yes [ ] No [ X ]

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge it s exposure to uninsured catastrophe loss. ....

7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provision)?..... Yes [ ] No [ X ]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions: .....

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?..... Yes [ ] No [ ]

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?..... Yes [ ] No [ X ]

8.2 If yes, give full information .....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 3% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 3% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:

(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;

(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;

(c) Aggregate stop loss reinsurance coverage;

(d) An unconditional or unilateral right by either party to commute the reinsurance contract, except for such provisions which are only triggered by a decline in the credit status of the other party;

(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or

(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity..... Yes [ ] No [ X ]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), excluding cessions under approved pooling agreements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member, where:

(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or

(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates.

Do not include cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member. .... Yes [ ] No [ X ]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;

(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and

(c) A brief discussion of management's principal objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 30 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or

(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? .... Yes [ ] No [ X ]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP. ....

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? .... Yes [ ] No [ ] NA [X]

11.1 Has this reporting entity guaranteed policies issued by any other entity and now in force?..... Yes [ ] No [ X ]

11.2 If yes, give full information .....

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:
12.11 Unpaid losses \$
12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$
12.2 Of the amount on Line 13.3, Page 2, state the amount which is secured by letters of credit, collateral and other funds \$
12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [ ] No [ ] NA [X]
12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
12.41 From %
12.42 To %
12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by the reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [ ] No [X]
12.6 If yes, state the amount thereof at December 31 of the current year:
12.61 Letters of Credit \$
12.62 Collateral and other funds \$
13.1 What amount of installment notes is owned and now held by the reporting entity? \$
13.2 Have any of these notes been hypothecated, sold or used in any manner as security for money loaned within the past year? Yes [ ] No [X]
13.3 If yes, what amount? \$
14.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ 3,000,000
14.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [ ] No [X]
14.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of this amount.
15.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [ ] No [X]
15.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
15.3 If the answer to 15.1 is yes, are the methods described in item 15.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [ ] No [ ]
15.4 If the answer to 15.3 is no, are all the methods described in 15.2 entirely contained in writer agreements? Yes [ ] No [ ]
15.5 If answer to 15.4 is no, please explain:
16.1 Has the reporting entity guaranteed any financed premium accounts? Yes [ ] No [X]
16.2 If yes, give full information
17.1 Does the reporting entity write any warranty business? Yes [ ] No [X]
If yes, disclose the following information for each of the following types of warranty coverage:

	1	2	3	4	5
	Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium Earned
17.11 Home	\$	\$	\$	\$	\$
17.12 Products	\$	\$	\$	\$	\$
17.13 Automobile	\$	\$	\$	\$	\$
17.14 Other*	\$	\$	\$	\$	\$

\* Disclose type of coverage:



GENERAL INTERROGATORIES  
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

18.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5? Yes [ ] No [ X ]

Incurred but not reported losses on contracts not in force on July 1, 1984 or subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

18.11	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$	
18.12	Unfunded portion of Interrogatory 18.11	\$	
18.13	Paid losses and loss adjustment expenses portion of Interrogatory 18.11	\$	
18.14	Case reverses portion of Interrogatory 18.11	\$	
18.15	Incurred but not reported portion of Interrogatory 18.11	\$	
18.16	Unearned premium portion of Interrogatory 18.11	\$	
18.17	Contingent commissions portion of Interrogatory 18.11	\$	

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

18.18	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$	
18.19	Unfunded portion of Interrogatory 18.18	\$	
18.20	Paid losses and loss adjustment expenses portion of Interrogatory 18.18	\$	
18.21	Case reverses portion of Interrogatory 18.18	\$	
18.22	Incurred but not reported portion of Interrogatory 18.18	\$	
18.23	Unearned premium portion of Interrogatory 18.18	\$	
18.24	Contingent commissions portion of Interrogatory 18.18	\$	

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2005	2 2004	3 2003	4 2002	5 2001
<b>Gross Premiums Written</b> (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	9,406,780	9,710,012	5,627,354	3,610,854	2,394,931
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	0	0	0	0	0
5. Non-proportional reinsurance lines (Lines 30, 31 & 32)	0	0	0	0	0
6. Total (Line 34)	9,406,780	9,710,012	5,627,354	3,610,854	2,394,931
<b>Net Premiums Written</b> (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	9,406,780	9,710,012	5,627,354	3,610,854	2,394,931
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	0	0	0	0	0
11. Non-proportional reinsurance lines (Lines 30, 31 & 32)	0	0	0	0	0
12. Total (Line 34)	9,406,780	9,710,012	5,627,354	3,610,854	2,394,931
<b>Statement of Income</b> (Page 4)					
13. Net underwriting gain (Loss) (Line 8)	(13,957,174)	(10,485,916)	(321,804)	980,106	13,640,503
14. Net investment gain (Loss) (Line 11)	6,585,203	6,680,424	7,260,727	7,425,128	7,603,223
15. Total other income (Line 15)	33,667	28,065	15,954	12,653	15,465
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	(174,223)	(945,772)	952,348	(40,325)	132,000
18. Net income (Line 20)	(7,164,081)	(2,831,655)	6,002,529	8,458,212	21,127,191
<b>Balance Sheet Lines</b> (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 24, Col. 3)	141,091,452	131,361,814	129,039,240	124,520,052	123,816,285
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 13.1)	994,169	969,687	722,378	455,067	336,256
20.2 Deferred and not yet due (Line 13.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 13.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 24)	104,543,381	84,775,439	77,398,371	80,577,146	87,667,631
22. Losses (Page 3, Lines 1 and 2)	69,436,047	55,996,841	53,248,764	58,339,650	65,860,677
23. Loss adjustment expenses (Page 3, Line 3)	20,081,858	14,656,572	11,971,918	12,042,525	12,247,106
24. Unearned premiums (Page 3, Line 9)	6,196,800	6,649,665	4,219,708	1,896,034	1,217,880
25. Capital paid up (Page 3, Lines 28 & 29)	0	0	0	0	0
26. Surplus as regards policyholders (Page 3, Line 35)	36,548,071	46,586,375	51,640,869	43,942,906	36,148,654
<b>Risk-Based Capital Analysis</b>					
27. Total adjusted capital	36,548,071	46,586,375	51,640,869	43,942,906	36,148,654
28. Authorized control level risk-based capital	12,638,745	12,012,682	9,989,143	9,395,067	8,645,162
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Col. 3)(Item divided by Page 2, Line 10, Col. 3) x 100.0					
29. Bonds (Line 1)	69.2	69.2	69.9	70.4	72.6
30. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	0.0
31. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
32. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
33. Cash, cash equivalents and short-term investments (Line 5)	4.2	3.5	3.4	3.5	2.6
34. Contract loans (Line 6)	0.0	0.0	0.0	XXX	XXX
35. Other invested assets (Line 7)	26.6	27.4	26.7	26.0	24.7
36. Receivables for securities (Line 8)	0.0	0.0	0.0	0.0	0.0
37. Aggregate write-ins for invested assets (Line 9)	0.0	0.0	0.0	0.0	0.0
38. Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
39. Affiliated Bonds (Schedule D, Summary, Line 25, Col. 1)	0	0	0	0	0
40. Affiliated preferred stocks (Schedule D, Summary, Line 39, Col. 1)	0	0	0	0	0
41. Affiliated common stocks (Schedule D, Summary, Line 53, Col. 2)	0	0	0	0	0
42. Affiliated short-term investments (subtotals included in Schedule DA, Part 2, Col. 5, Line 11)	0	0	0	0	0
43. Affiliated mortgage loans on real estate	0	0	0	0	0
44. All other affiliated	0	0	0	0	0
45. Total of above Lines 39 to 44	0	0	0	0	0
46. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 45 above divided by Page 3, Col. 1, Line 35 x 100.0)	0.0	0.0	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2005	2 2004	3 2003	4 2002	5 2001
Capital and Surplus Accounts (Page 4)					
47. Net unrealized capital gains (Losses) (Line 24)	0	0	0	0	0
48. Dividends to stockholders (Line 35)	0	0	0	0	0
49. Change in surplus as regards policyholders for the year (Line 38)	(7,338,304)	(5,054,494)	7,697,963	7,794,252	22,492,779
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
50. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	2,532,321	8,577,103	6,175,854	5,944,750	14,305,440
51. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
52. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
53. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	0	0	0	0	0
54. Nonproportional reinsurance lines (Lines 30, 31 & 32)	0	0	0	0	0
55. Total (Line 34)	2,532,321	8,577,103	6,175,854	5,944,750	14,305,440
Net Losses Paid (Page 9, Part 2, Col. 4)					
56. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	2,532,321	8,577,103	6,175,854	5,944,750	14,305,440
57. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
58. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
59. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29 & 33)	0	0	0	0	0
60. Nonproportional reinsurance lines (Lines 30, 31 & 32)	0	0	0	0	0
61. Total (Line 34)	2,532,321	8,577,103	6,175,854	5,944,750	14,305,440
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
62. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
63. Losses incurred (Line 2)	162.0	155.6	26.2	(53.7)	(524.3)
64. Loss expenses incurred (Line 3)	80.8	72.0	57.6	86.6	(8.3)
65. Other underwriting expenses incurred (Line 4)	12.5	16.4	23.9	33.7	39.1
66. Net underwriting gain (loss) (Line 8)	(141.6)	(144.0)	(7.8)	33.4	593.5
Other Percentages					
67. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 34 x 100.0)	(1.6)	12.0	17.3	27.0	36.9
68. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	242.8	227.6	83.9	32.9	(532.6)
69. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 34 divided by Page 3, Line 35, Col. 1 x 100.0)	25.7	20.8	10.9	8.2	6.6
One Year Loss Development (000 omitted)					
70. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11)	(5,927)	(5,016)	(8,491)	(9,611)	(17,701)
71. Percent of development of loss and loss expenses incurred to policyholders' surplus of prior year end (Line 70 above divided by Page 4, Line 21, Col. 1 x 100.0)	(13.5)	(9.7)	(19.3)	(26.6)	(129.6)
Two Year Loss Development (000 omitted)					
72. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	(11,266)	(14,264)	(18,130)	(27,512)	(22,309)
73. Percent of development of loss and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 72 above divided by Page 4, Line 21, Col. 2 x 100.0)	(21.8)	(32.5)	(50.2)	(201.5)	(388.2)

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year					
Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b> Governments (Including all obligations guaranteed by governments)	1. United States .....	19,820,811	22,341,219	21,425,899	18,944,681
	2. Canada .....				
	3. Other Countries .....				
	4. Totals	19,820,811	22,341,219	21,425,899	18,944,681
States, Territories and Possessions (Direct and guaranteed)	5. United States .....				
	6. Canada .....				
	7. Other Countries .....				
	8. Totals	0	0	0	0
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States .....				
	10. Canada .....				
	11. Other Countries .....				
	12. Totals	0	0	0	0
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	13. United States .....	22,049,981	21,656,871	22,074,461	21,847,186
	14. Canada .....				
	15. Other Countries .....				
	16. Totals	22,049,981	21,656,871	22,074,461	21,847,186
Public Utilities (unaffiliated)	17. United States .....	5,098,776	5,076,425	5,216,339	5,000,000
	18. Canada .....				
	19. Other Countries .....				
	20. Totals	5,098,776	5,076,425	5,216,339	5,000,000
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States .....	45,871,088	47,134,732	46,323,897	45,630,284
	22. Canada .....	1,000,000	1,353,837	1,000,000	1,000,000
	23. Other Countries .....	1,081,985	1,011,250	1,125,820	1,000,000
	24. Totals	47,953,073	49,499,819	48,449,717	47,630,284
Parent, Subsidiaries and Affiliates	25. Totals	0	0	0	0
	26. <b>Total Bonds</b>	94,922,641	98,574,334	97,166,416	93,422,151
<b>PREFERRED STOCKS</b> Public Utilities (unaffiliated)	27. United States .....				
	28. Canada .....				
	29. Other Countries .....				
	30. Totals	0	0	0	
Banks, Trust and Insurance Companies (unaffiliated)	31. United States .....				
	32. Canada .....				
	33. Other Countries .....				
	34. Totals	0	0	0	
Industrial and Miscellaneous (unaffiliated)	35. United States .....				
	36. Canada .....				
	37. Other Countries .....				
	38. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	39. Totals	0	0	0	
	40. <b>Total Preferred Stocks</b>	0	0	0	
<b>COMMON STOCKS</b> Public Utilities (unaffiliated)	41. United States .....				
	42. Canada .....				
	43. Other Countries .....				
	44. Totals	0	0	0	
Banks, Trust and Insurance Companies (unaffiliated)	45. United States .....				
	46. Canada .....				
	47. Other Countries .....				
	48. Totals	0	0	0	
Industrial and Miscellaneous (unaffiliated)	49. United States .....				
	50. Canada .....				
	51. Other Countries .....				
	52. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	53. Totals	0	0	0	
	54. <b>Total Common Stocks</b>	0	0	0	
	55. <b>Total Stocks</b>	0	0	0	
	56. <b>Total Bonds and Stocks</b>	94,922,641	98,574,334	97,166,416	

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value of bonds and stocks, prior year.....	87,828,090	7. Amortization of premium.....	463,265
2. Cost of bonds and stocks acquired, Column 7, Part 3 .....	21,330,054	8. Foreign Exchange Adjustment:	
3. Accrual of discount.....	76,593	8.1 Column 15, Part 1 .....	0
4. Increase (decrease) by adjustment:.....		8.2 Column 19, Part 2, Sec. 1.....	0
4.1 Columns 12 - 14, Part 1.....	(209,815)	8.3 Column 16, Part 2, Sec. 2 .....	0
4.2 Columns 15 - 17, Part 2, Sec. 1.....	0	8.4 Column 15, Part 4 .....	0
4.3 Column 15, Part 2, Sec. 2.....	0		
4.4 Columns 11 - 13, Part 4 .....	0	9. Book/adjusted carrying value at end of current period .....	94,922,641
5. Total gain (loss), Col. 19, Part 4 .....	78,576	10. Total valuation allowance .....	
6. Deduct consideration for bonds and stocks disposed of		11. Subtotal (Lines 9 plus 10) .....	94,922,641
Column 7, Part 4 .....	13,717,592	12. Total nonadmitted amounts .....	
		13. Statement value of bonds and stocks, current period .....	94,922,641

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES  
SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior	xxx	xxx	xxx	476	0	366	0	96	0	0	938	xxx
2. 1996	6,741	0	6,741	5,173	0	1,480	0	222	0	0	6,875	xxx
3. 1997	4,871	0	4,871	7,293	0	1,842	0	428	0	0	9,563	xxx
4. 1998	3,898	0	3,898	2,167	0	1,129	0	637	0	0	3,933	xxx
5. 1999	2,271	0	2,271	87	0	377	0	453	0	0	917	xxx
6. 2000	2,076	0	2,076	365	0	269	0	462	0	0	1,096	xxx
7. 2001	2,298	0	2,298	1,980	0	448	0	653	0	0	3,081	xxx
8. 2002	2,933	0	2,933	1,680	0	395	0	588	0	0	2,663	xxx
9. 2003	4,135	0	4,135	440	0	172	0	535	0	0	1,147	xxx
10. 2004	7,374	0	7,374	186	0	174	0	519	0	0	879	xxx
11. 2005	9,860	0	9,860	51	0	43	0	470	0	0	564	xxx
12. Totals	xxx	xxx	xxx	19,898	0	6,695	0	5,063	0	0	31,656	xxx

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13  Direct and Assumed	14  Ceded	15  Direct and Assumed	16  Ceded	17  Direct and Assumed	18  Ceded	19  Direct and Assumed	20  Ceded					
1. ....	4,010	0	1,511	0	363	0	610	0	422	0	0	6,916	xxx
2. ....	400	0	172	0	31	0	74	0	44	0	0	721	xxx
3. ....	1,735	0	177	0	87	0	197	0	125	0	0	2,321	xxx
4. ....	1,700	0	144	0	71	0	173	0	119	0	0	2,207	xxx
5. ....	700	0	248	0	94	0	118	0	72	0	0	1,232	xxx
6. ....	905	0	999	0	89	0	190	0	174	0	0	2,357	xxx
7. ....	1,675	0	1,945	0	99	0	302	0	334	0	0	4,355	xxx
8. ....	1,400	0	4,505	0	163	0	943	0	625	0	0	7,636	xxx
9. ....	3,339	0	5,912	0	300	0	1,357	0	909	0	0	11,817	xxx
10. ....	3,623	0	12,653	0	339	0	2,963	0	1,736	0	0	21,315	xxx
11. ....	1,649	0	20,035	0	322	0	4,132	0	2,504	0	0	28,642	xxx
12. Totals	21,136	0	48,301	0	1,958	0	11,059	0	7,064	0	0	89,519	xxx

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	5,522	1,395
2. ....	7,596	0	7,596	112.7	0.0	112.7	0	0		572	149
3. ....	11,884	0	11,884	244.0	0.0	244.0	0	0		1,912	409
4. ....	6,140	0	6,140	157.5	0.0	157.5	0	0		1,844	363
5. ....	2,149	0	2,149	94.6	0.0	94.6	0	0		948	284
6. ....	3,453	0	3,453	166.3	0.0	166.3	0	0		1,904	453
7. ....	7,436	0	7,436	323.6	0.0	323.6	0	0		3,620	735
8. ....	10,299	0	10,299	351.1	0.0	351.1	0	0		5,905	1,731
9. ....	12,964	0	12,964	313.5	0.0	313.5	0	0		9,251	2,566
10. ....	22,193	0	22,193	301.0	0.0	301.0	0	0		16,276	5,038
11. ....	29,206	0	29,206	296.2	0.0	296.2	0	0		21,684	6,958
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	69,438	20,081

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1. Prior	173,970	154,112	137,076	135,518	131,252	121,883	116,250	113,175	110,127	108,079	(2,048)	(5,096)
2. 1996	22,664	21,582	19,751	17,432	14,745	11,232	9,736	8,730	7,772	7,330	(442)	(1,400)
3. 1997	XXX	16,202	15,548	14,814	15,098	12,911	12,624	11,291	11,876	11,331	(545)	40
4. 1998	XXX	XXX	9,741	9,055	10,103	9,401	8,202	6,779	5,489	5,384	(105)	(1,395)
5. 1999	XXX	XXX	XXX	5,724	5,458	4,807	4,117	3,425	2,562	1,624	(938)	(1,801)
6. 2000	XXX	XXX	XXX	XXX	7,211	5,932	5,426	4,720	3,953	2,817	(1,136)	(1,903)
7. 2001	XXX	XXX	XXX	XXX	XXX	6,616	6,816	6,532	6,539	6,449	(90)	(83)
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	9,188	9,216	9,777	9,086	(691)	(130)
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,018	11,775	11,520	(255)	502
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,616	19,939	323	XXX
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,232	XXX	XXX
12. Totals											(5,927)	(11,266)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005		
1. Prior	000	25,748	43,948	61,686	76,103	89,472	93,778	97,726	100,743	101,585	XXX	XXX
2. 1996	47	206	1,226	1,711	3,509	4,651	6,205	6,610	6,643	6,653	XXX	XXX
3. 1997	XXX	19	229	676	942	2,878	3,328	5,189	9,048	9,135	XXX	XXX
4. 1998	XXX	XXX	17	74	283	472	1,841	2,534	2,881	3,296	XXX	XXX
5. 1999	XXX	XXX	XXX	6	8	17	66	254	358	464	XXX	XXX
6. 2000	XXX	XXX	XXX	XXX	1	20	55	362	590	634	XXX	XXX
7. 2001	XXX	XXX	XXX	XXX	XXX	26	80	338	1,472	2,428	XXX	XXX
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	17	94	1,452	2,075	XXX	XXX
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	75	612	XXX	XXX
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	360	XXX	XXX
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	94	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 1996	2 1997	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005
1. Prior	96,925	62,073	38,047	24,109	15,956	9,993	7,039	3,922	3,080	2,121
2. 1996	20,685	18,630	15,081	9,376	6,037	2,817	1,078	538	698	246
3. 1997	XXX	14,359	12,514	9,819	6,923	4,212	1,759	1,067	670	374
4. 1998	XXX	XXX	8,321	6,845	6,155	3,611	2,542	1,774	542	317
5. 1999	XXX	XXX	XXX	5,457	5,201	4,043	2,650	1,888	1,456	366
6. 2000	XXX	XXX	XXX	XXX	6,708	5,171	4,550	3,604	2,811	1,189
7. 2001	XXX	XXX	XXX	XXX	XXX	6,091	5,384	4,546	3,349	2,247
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	8,118	7,457	6,189	5,448
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,144	9,294	7,269
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,522	15,616
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,167

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SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories									
States, etc.	1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4	5	6	7	8	9
		Is Insurer Licensed? (Yes or No)	2 Direct Premiums Written						
			3 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
1. Alabama	AL	No	.0	.0	.0	.0	.0	.0	
2. Alaska	AK	No	.0	.0	.0	.0	.0	.0	
3. Arizona	AZ	No	.0	.0	.0	.0	.0	.0	
4. Arkansas	AR	No	.0	.0	.0	.0	.0	.0	
5. California	CA	No	.0	.0	.0	.0	.0	.0	
6. Colorado	CO	No	.0	.0	.0	.0	.0	.0	
7. Connecticut	CT	No	.0	.0	.0	.0	.0	.0	
8. Delaware	DE	No	.0	.0	.0	.0	.0	.0	
9. District of Columbia	DC	No	.0	.0	.0	.0	.0	.0	
10. Florida	FL	No	.0	.0	.0	.0	.0	.0	
11. Georgia	GA	No	.0	.0	.0	.0	.0	.0	
12. Hawaii	HI	No	.0	.0	.0	.0	.0	.0	
13. Idaho	ID	No	.0	.0	.0	.0	.0	.0	
14. Illinois	IL	No	.0	.0	.0	.0	.0	.0	
15. Indiana	IN	No	.0	.0	.0	.0	.0	.0	
16. Iowa	IA	No	.0	.0	.0	.0	.0	.0	
17. Kansas	KS	No	.0	.0	.0	.0	.0	.0	
18. Kentucky	KY	No	.0	.0	.0	.0	.0	.0	
19. Louisiana	LA	No	.0	.0	.0	.0	.0	.0	
20. Maine	ME	No	.0	.0	.0	.0	.0	.0	
21. Maryland	MD	No	.0	.0	.0	.0	.0	.0	
22. Massachusetts	MA	No	.0	.0	.0	.0	.0	.0	
23. Michigan	MI	No	.0	.0	.0	.0	.0	.0	
24. Minnesota	MN	No	.0	.0	.0	.0	.0	.0	
25. Mississippi	MS	No	.0	.0	.0	.0	.0	.0	
26. Missouri	MO	No	.0	.0	.0	.0	.0	.0	
27. Montana	MT	No	.0	.0	.0	.0	.0	.0	
28. Nebraska	NE	No	.0	.0	.0	.0	.0	.0	
29. Nevada	NV	No	.0	.0	.0	.0	.0	.0	
30. New Hampshire	NH	No	.0	.0	.0	.0	.0	.0	
31. New Jersey	NJ	No	.0	.0	.0	.0	.0	.0	
32. New Mexico	NM	No	.0	.0	.0	.0	.0	.0	
33. New York	NY	No	.0	.0	.0	.0	.0	.0	
34. North Carolina	NC	No	.0	.0	.0	.0	.0	.0	
35. North Dakota	ND	No	.0	.0	.0	.0	.0	.0	
36. Ohio	OH	No	.0	.0	.0	.0	.0	.0	
37. Oklahoma	OK	No	.0	.0	.0	.0	.0	.0	
38. Oregon	OR	No	.0	.0	.0	.0	.0	.0	
39. Pennsylvania	PA	No	.0	.0	.0	.0	.0	.0	
40. Rhode Island	RI	Yes	9,406,780	9,859,645	2,532,321	15,971,527	69,436,047	.0	33,667
41. South Carolina	SC	No	.0	.0	.0	.0	.0	.0	
42. South Dakota	SD	No	.0	.0	.0	.0	.0	.0	
43. Tennessee	TN	No	.0	.0	.0	.0	.0	.0	
44. Texas	TX	No	.0	.0	.0	.0	.0	.0	
45. Utah	UT	No	.0	.0	.0	.0	.0	.0	
46. Vermont	VT	No	.0	.0	.0	.0	.0	.0	
47. Virginia	VA	No	.0	.0	.0	.0	.0	.0	
48. Washington	WA	No	.0	.0	.0	.0	.0	.0	
49. West Virginia	WV	No	.0	.0	.0	.0	.0	.0	
50. Wisconsin	WI	No	.0	.0	.0	.0	.0	.0	
51. Wyoming	WY	No	.0	.0	.0	.0	.0	.0	
52. American Samoa	AS	No	.0	.0	.0	.0	.0	.0	
53. Guam	GU	No	.0	.0	.0	.0	.0	.0	
54. Puerto Rico	PR	No	.0	.0	.0	.0	.0	.0	
55. U.S. Virgin Islands	VI	No	.0	.0	.0	.0	.0	.0	
56. Canada	CN	No	.0	.0	.0	.0	.0	.0	
57. Aggregate Other Aliens	OT	XXX	.0	.0	.0	.0	.0	.0	.0
58. Totals	(a)	1	9,406,780	9,859,645	0	2,532,321	15,971,527	69,436,047	0
DETAILS OF WRITE-INS									
5701.		XXX							
5702.		XXX							
5703.		XXX							
5798.									
Summary of remaining write-ins for Line 57 from overflow page		XXX	.0	.0	.0	.0	.0	.0	.0
5799.									
Totals (Lines 5701 through 5703 + 5798) (Line 57 above)		XXX	0	0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and Other Alien.

Explanation of basis of allocation of premiums by states, etc.

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SCHEDULE T – PART 2  
INTERSTATE COMPACT PRODUCTS – EXHIBIT OF PREMIUMS WRITTEN

		Allocated by States and Territories					
		Direct Business Only					
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama .....	AL .....						.0
2. Alaska .....	AK .....						.0
3. Arizona .....	AZ .....						.0
4. Arkansas .....	AR .....						.0
5. California .....	CA .....						.0
6. Colorado .....	CO .....						.0
7. Connecticut .....	CT .....						.0
8. Delaware .....	DE .....						.0
9. District of Columbia .....	DC .....						.0
10. Florida .....	FL .....						.0
11. Georgia .....	GA .....						.0
12. Hawaii .....	HI .....						.0
13. Idaho .....	ID .....						.0
14. Illinois .....	IL .....						.0
15. Indiana .....	IN .....						.0
16. Iowa .....	IA .....						.0
17. Kansas .....	KS .....						.0
18. Kentucky .....	KY .....						.0
19. Louisiana .....	LA .....						.0
20. Maine .....	ME .....						.0
21. Maryland .....	MD .....						.0
22. Massachusetts .....	MA .....						.0
23. Michigan .....	MI .....						.0
24. Minnesota .....	MN .....						.0
25. Mississippi .....	MS .....						.0
26. Missouri .....	MO .....						.0
27. Montana .....	MT .....						.0
28. Nebraska .....	NE .....						.0
29. Nevada .....	NV .....						.0
30. New Hampshire .....	NH .....						.0
31. New Jersey .....	NJ .....						.0
32. New Mexico .....	NM .....						.0
33. New York .....	NY .....						.0
34. North Carolina .....	NC .....						.0
35. North Dakota .....	ND .....						.0
36. Ohio .....	OH .....						.0
37. Oklahoma .....	OK .....						.0
38. Oregon .....	OR .....						.0
39. Pennsylvania .....	PA .....						.0
40. Rhode Island .....	RI .....						.0
41. South Carolina .....	SC .....						.0
42. South Dakota .....	SD .....						.0
43. Tennessee .....	TN .....						.0
44. Texas .....	.TX .....						.0
45. Utah .....	UT .....						.0
46. Vermont .....	VT .....						.0
47. Virginia .....	VA .....						.0
48. Washington .....	WA .....						.0
49. West Virginia .....	WV .....						.0
50. Wisconsin .....	WI .....						.0
51. Wyoming .....	WY .....						.0
52. American Samoa .....	AS .....						.0
53. Guam .....	GU .....						.0
54. Puerto Rico .....	PR .....						.0
55. U.S. Virgin Islands .....	.VI .....						.0
56. Canada .....	CN .....						.0
57. Other Alien .....	.OT .....						.0
58. Totals		0	0	0	0	0	0



**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**